

VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES CROSSBOW FORM  
VERIFICATION OF PERMANENT DISABILITY  
TO HUNT WITH A CROSSBOW

(Under Authority of §29.1-519 of the Code of Virginia)

Objective: To provide for the use of crossbows by persons with permanent physical disabilities.

**Pursuant to § 29.1-519 of the Code of Virginia, disabled individuals who have met criteria established by the Department and attested to by a licensed physician on a standardized form provided by the Department, which shall be in the individual's possession while hunting, shall be allowed to participate in hunting seasons under the same rules, regulations, laws, and conditions that apply to hunters using standard archery equipment. VIA COMPLETION OF THIS FORM BY A LICENSED PHYSICIAN, HOLDERS OF THIS COMPLETED FORM ARE AUTHORIZED TO USE A CROSSBOW.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The remainder of this form is to be completed by a Physician licensed to practice medicine to determine the applicant's eligibility to use a crossbow.

**Physicians shall apply their signature next to the permanent physical disability or disabilities listed below that the applicant has.**

The following **permanent** physical disability (ies) allows persons to hunt with a crossbow: 1) cannot hold the mass weight of a conventional bow and arrow at arm's length perpendicular to the body, 2) cannot draw or pull the bow string of a conventional bow and arrow; 3) cannot release the bow string of a conventional bow. Please verify one or more of the following that CANNOT be accomplished by the individual due to a PERMANENT physical condition or conditions:

\_\_\_\_\_ holding the mass weight of a conventional bow and arrow at arm's length perpendicular to the body.

\_\_\_\_\_ drawing or pulling the bow string of a conventional bow and arrow.

\_\_\_\_\_ releasing the bow string of a conventional bow and arrow.

Via my signature(s) above, I hereby certify that the applicant is unable to hunt with a conventional bow and arrow due to a **permanent** physical disability.

Physicians, please describe the individual's permanent physical condition that prohibits the individual from holding, drawing, and/or releasing of a conventional bow and arrow as outlined on the previous page (Please Print):

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Printed Name of the Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

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Office Telephone Number: \_\_\_\_\_ Date of Examination: \_\_\_\_\_